

Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/785,270
Filing Date	February 20, 2001
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	43100-06157

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

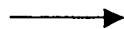
Pursuant to 37 C.F.R. §§ 1.36 and 10.40, for nonpayment of fees

RECEIVED
JAN 14 2002
Technology Center 2600

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number



Place Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

JOHN E. JOHNNIDIS

Address

eMAGIN CORPORATION

Address

2070 Route 52

City

Hopewell Junction

State

NY

ZIP

12533

Country

US

Telephone

845.892.1900

Fax

845.892.1901

This request is enclosed in triplicate.

Name

PATRICK J. COYNE, Registration No. 31,821

Signature

Patrick J. Coyne

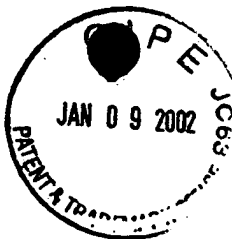
Date

JANUARY 9, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/785,270
Filing Date	February 20, 2001
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	43100-06157

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

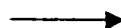
Pursuant to 37 C.F.R. §§ 1.36 and 10.40, for nonpayment of fees

RECEIVED
JAN 14 2002
Technology Center 2600

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number



Place Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

JOHN E. JOHNNIDIS

Address eMAGIN CORPORATION

Address 2070 Route 52

City Hopewell Junction State NY ZIP 12533

Country US

Telephone 845.892.1900 Fax 845.892.1901

This request is enclosed in triplicate.

Name PATRICK J. COYNE, Registration No. 31,821

Signature

Date

JANUARY 9, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/785,270
Filing Date	February 20, 2001
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	43100-06157

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Pursuant to 37 C.F.R. §§ 1.36 and 10.40, for nonpayment of fees

RECEIVED
JAN 14 2002
Technology Center 2600

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number



Place Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

JOHN E. JOHNNIDIS

Address eMAGIN CORPORATION

Address 2070 Route 52

City Hopewell Junction State NY ZIP 12533

Country US

Telephone 845.892.1900 Fax 845.892.1901

This request is enclosed in triplicate.

Name PATRICK J. COYNE, Registration No. 31,821

Signature

Patrick J. Coyne

Date

JANUARY 9, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THE CHIEF INFORMATION OFFICER.